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AUTHOR Woo, Annie; Lau, Christine
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ABSTRACT

The purpose of this study was to guide the types of services that mental health centers provide to the Asian community in the United States. Specifically the goals of the needs assessment were to: (1) identify the counseling needs of Asian Americans; (2) describe the degree and patterns of the use of mental health and counseling services in the Asian community; (3) identify emerging issues in the area of minority counseling; and (4) identify ways to improve the quality of service delivery to Asian Americans. Data concerning the evaluation of the Asian Social Service Center in Portland, Oregon were collected from program documents and records as well as from interviews with employees. The outcome evaluation was focused on the extent to which the substance abuse education curriculum has developed and implemented the strategies for improving effectiveness. The following risk factors were found: language barriers; lack of skills for accessing information about community resources; traumatic experiences in patients' pasts; difficulties in obtaining employment; cultural shock; and lack of social support. Findings show that the ASSC had contributed greatly to improved quality of life among clients. Results are displayed on several graphs and charts. (MKA)

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The Challenges of Counseling Asian-Americans: Some Practical Implications

Annie Woo
Northwest Regional Educational Laboratory

Christine Lau
Asian Social Services Center

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

The Challenges of Counseling Asian-Americans: Some Practical Implications

Objectives

The purpose of the study was to guide the kinds of services that the mental health center provides to the Asian community in the Unites States. Specifically the goals of the needs assessment were to: 1) identify the counseling needs of Asian Americans; 2) describe the degree and patterns of the use of mental health and counseling services in the Asian community; 3) identify emerging issues in the area of minority counseling; and 4) identify ways to improve the quality of service delivery to Asians in the community.

Perspectives

In terms of growth rate (not absolute population size) during the 1980s, the Asian/Pacific Island Americans were the fastest growing group of all the ethnic/racial groups identified by the U.S. Census Bureau. between 1980 and 1988, that population increased by about 76 percent. As of 1988, more than 6.5 million Asian Americans were living in the United States, constituting 2.6 percent of the U.S. population. The U.S. population was expected to be just below 250 million by 1990, when it was also estimated that its Asian/Pacific Island-American population would be nearing 10 million, or just below 4 percent of the U.S. population.

United States census data shows that the metropolitan Portland (Oregon) area is home to 16,000 Asians. Mental illness prevalence data indicates 7.5% of the population suffer from schizophrenia and major affective disorder; suggesting that approximately 1,200 Asians may be without treatment in the are. The added stresses of language barriers and refugee status suggest an even higher number of unserved. Language and cultural barriers, the problems of refugee status, and shame are factors in keeping problems hidden. The stigma of mental illness is even more pronounced in the Asian community than it is in the American mainstream. For these reasons, a sensitive environment is needed to accommodate language, customs, cultural values and traditions; providing mental health services in a less threatening and clinically-appearing setting than is now available in most places.

The Asian Social Service Center (ASSC) is a community based non-profit agency in southeast Portland (Oregon) serving the Asian population in the area. The agency currently runs a food assistance program for the elderly, a bilingual after school program, a day camp for children and youth, immigrant services, an adult foster home, and mental health counseling services. The Center is supported by private foundations, grants and community donations. The Center has the capacity to provide language and culturally relevant mental health services to individuals. It also contracts with Southeast Mental Health Network, Inc. to gain access to the mainstream resources. A group of professional staff including psychiatrist, child therapist, case manager, and socialization specialist provides medical management, counseling and social rehabilitation services. They can all speak various Asian languages and dialects. More than 150 clients are served by the Center.

Method

The evaluation of the Asian Social Service Center (ASSC) included both process and outcome evaluation.

The process evaluation focused on how the Asian Social Service Center developed and implemented the strategies for improving effectiveness, and was driven by three evaluation questions that relate directly to the program goals and objectives as stated in the program proposal. The process evaluation questions are as follows: 1) To what extent has the Asian Social Service Center instituted a county-wide mental health program? 2) To what extent has the ASSC designed the mental health program that is: a) comprehensive, and b) culturally relevant? 3) To what extent has the ASSC served the Asian population in the Portland area?

The process-related evaluation data was collected from program documents and records, and structured interviews with Center staff and administrators. Most of the interview questions were presented in a four-point Likert scale (i.e., serious, moderate, minor, not a problem). Protocols were developed to allow the interviews to be conducted individually (for example, center administrators and staff) or in a small group setting (for example, clients). Each interview session lasted approximately 45 minutes. Questions were about The Center's accomplishments and limitations, factors contributing to the Center's strengths and weaknesses, personnel issues, and suggestions for the coming year for the Center.

The outcome evaluation was focused on the extent to which the substance abuse education curriculum has developed and implemented the strategies for improving effectiveness, and was driven by six evaluation questions that relate directly to the program goals and objectives as stated in the program proposal. The outcome evaluation questions are as follows: 1) What are the existing factors in the Asian community that put members at high risk for mental health problems? 2) What impact has the ASSC had

on reducing these indicators? 3) To what extent has the ASSC contributed to improved quality of life among the clients? 4) How are the clients satisfied with the services of ASSC?

The outcome-related evaluation data was collected by meeting with Center staff and key members of the Asian community in Portland, in order to identify existing factors in the Asian community that put members at high risk for mental health problems. Moreover, all the clients served by the Center were given a Client Satisfaction Survey. Areas of emphasis in the survey include basic client demographics, satisfaction services, risk factors predicting future problems, and questions concerning areas of needs and improvement of the Center services. The questions were edited for clarity and readability. The survey was translated into various Asian languages for the clients. The survey was read by the evaluator to the client if he/she did not know how to read.

Results

Among the clients that served by the center, there are 43 males and 47 female's clients served by the mental health program currently (Figure 1). Their age range varied from 19 to 93 (Figure 2). Most of the clients served are Chinese and Vietnamese (Figure 3). Most of them speak Cantonese and Chauchou (Figure 4). More than two-thirds of the client have stayed in the United States for 6 to 15 years (Figure 5). Major depression disorder and Schizophrenia are the most frequent diagnoses (Figure 6). About 75 percent of the client have stayed in the program for less than 5 years (Figure 7).

Figure 1.
Asian Social Services Center
Gender

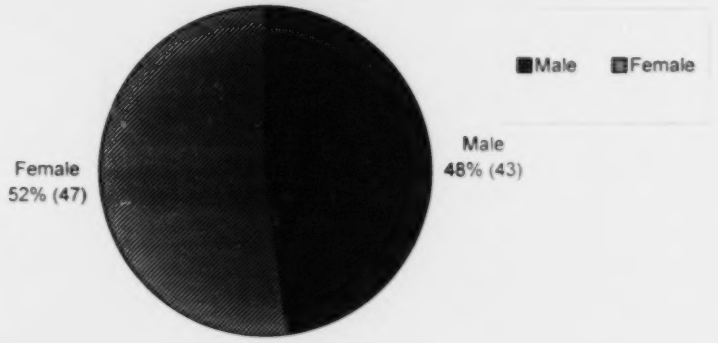


Figure 2.
Asican Social Service Center
Age

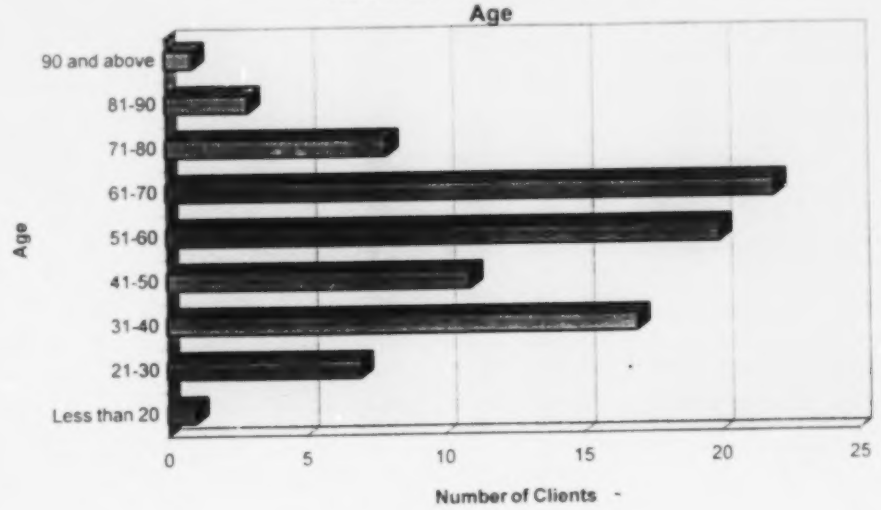
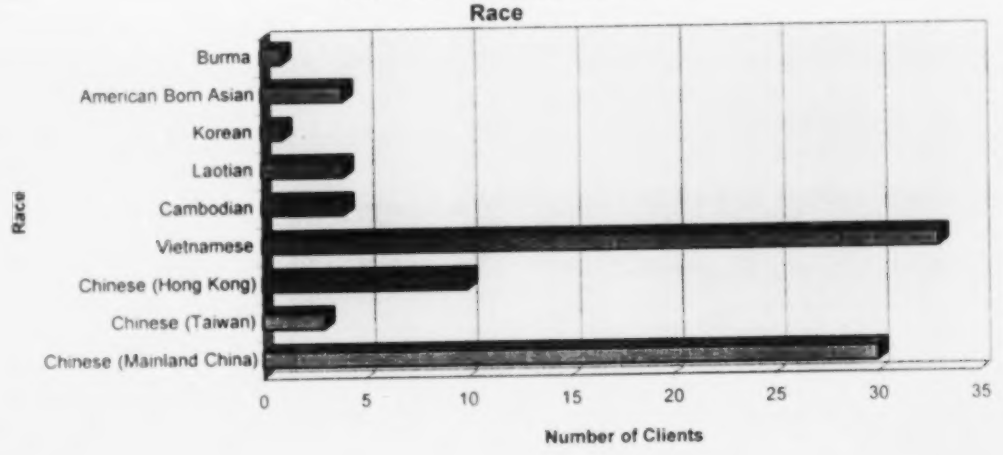


Figure 3.
Asian Social Services Center
Race



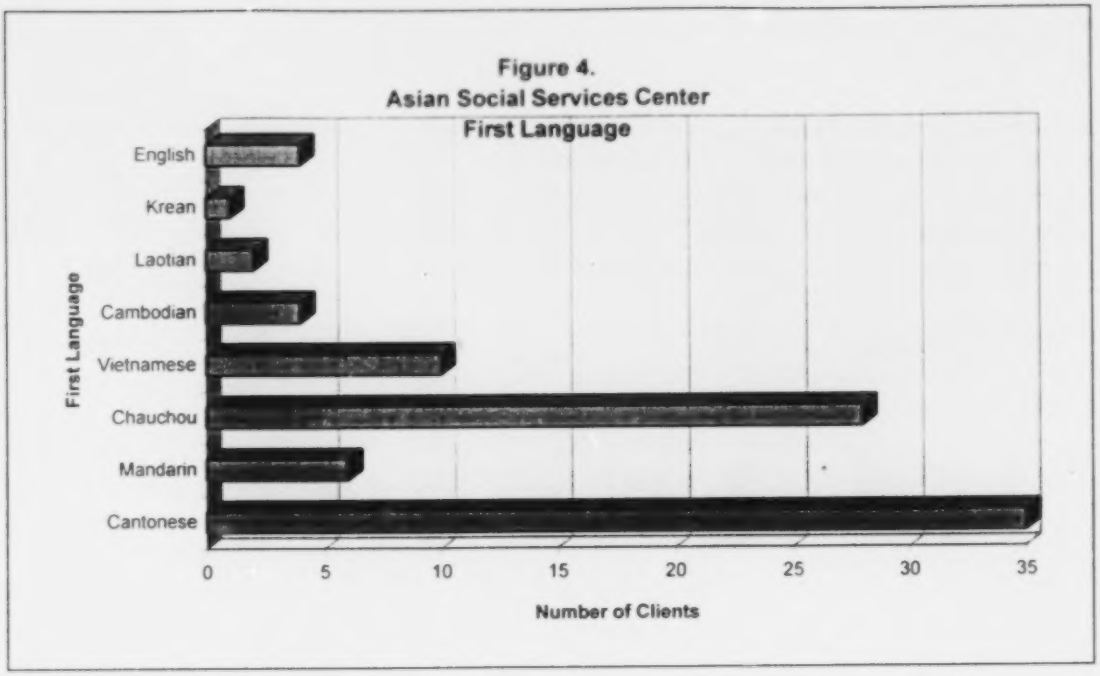


Figure 4.
Asian Social Services Center
First Language
English
Krean
Laotian
Cambodian
Vietnamese
Chauchou
Mandarin
Cantonese
First Language
0
5
10
15
20
25
30
35
Number of Clients

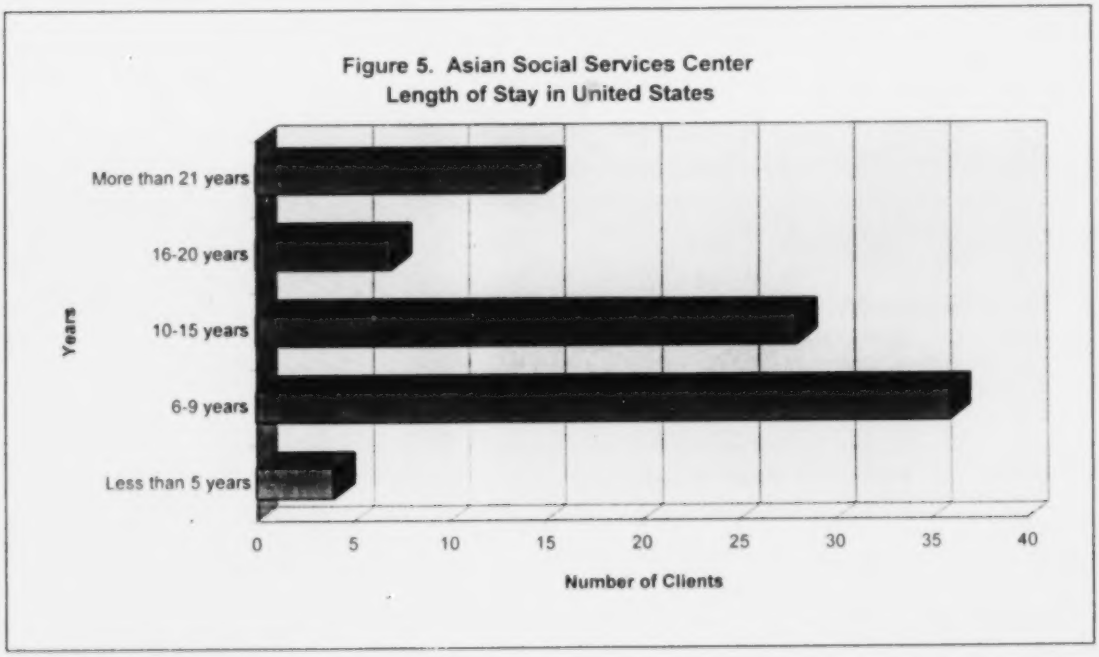


Figure 5. Asian Social Services Center
Length of Stay in United States
More than 21 years
16-20 years
10-15 years
6-9 years
Less than 5 years
Years
0
5
10
15
20
25
30
35
40
Number of Clients

Figure 6. Asian Social Services Center
Mental Illness Axis I Diagnosis According to DSM IV

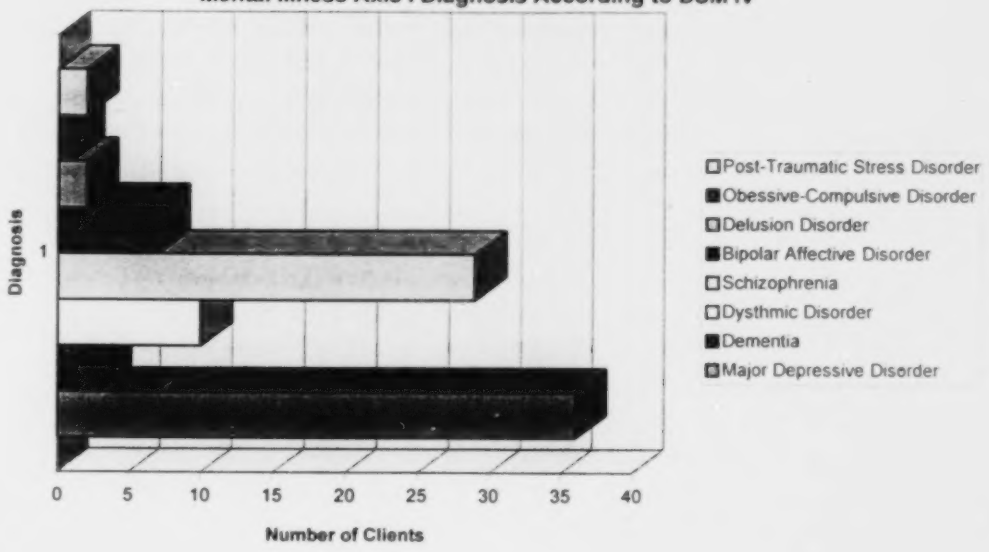
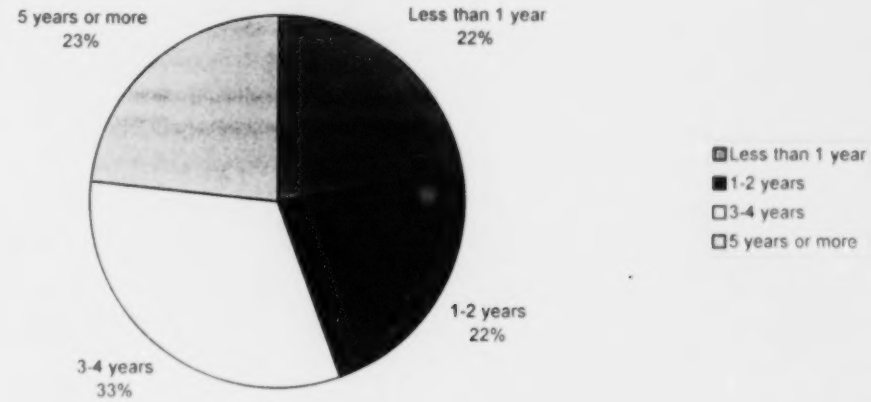


Figure 7. Asian Social Services Center Length of Stay in the Program



Process Evaluation

The process evaluation focused on how the Asian Social Service Center developed and implemented the strategies for improving effectiveness, and was driven by three evaluation questions that relate directly to the program goals and objectives as stated in the program proposal. The process evaluation questions are as follows: 1) To what extent has the Asian Social Service Center instituted a countywide mental health program? 2) To what extent has the ASSC designed the mental health program that is a) comprehensive, and b) culturally relevant? 3) To what extent has the ASSC served the Asian population in the Portland area?

Findings

The mental health program of the center served Asian adults that have mental, emotional and/or behavioral problems, who can speak Mandarin, Cantonese, Chauchou, Vietnamese or English to communicate with our staffs or Non-Asians that are receptive to Asian oriented therapeutic atmosphere. The Center's mission is to help Asian resident of the county thrive in the American culture. The Center provides social assistance and support in a culturally-familiar environment; building skills and knowledge for independent living, encouraging growth and participation in social and creative activities; accessing community resources and opportunities; and honoring individual values and traditions.

The mental health program is an Asian Culture-oriented program. The staffs composed by a team of multilingual and bicultural mental health professional, including psychiatrist, clinical therapists, social workers, and qualified mental health associate. They are competence to provide clinical treatment in a cultural sensitive environment.

The following services are providing by the program:

1. Psychiatric evaluation and medication management
2. Individual, family and group therapy
3. Case management, money management
4. Pre-vocational activities including art-craft class and shop management
5. Coordinate vocational training with mainstream resources
6. Ethnic housing and independent living skill training
7. Socialization activities and cultural integration activities in the community
8. Consultation to other agencies on issues of cultural consideration when working with Asian community

The center generally provides services to Asian residents who live in the metro Portland area. Services provide by the center include:

1. Mental health program for adults who are chronically mentally ill
2. English as Second Languages classes
3. Naturalization classes
4. Assistance in the naturalization process
5. Interpretation for medical, legal appointments and documents
6. Information and referral; ethnic resources for the community
7. Bilingual 8-week summer school for children
8. Assistance and transportation for seniors accessing community resources

Outcome Evaluation

The outcome evaluation was focused on the extent to which the substance abuse education curriculum has developed and implemented the strategies for improving effectiveness, and was driven by six evaluation questions that relate directly to the program goals and objectives as stated in the program proposal. The outcome evaluation questions are as follows: 1) What are the existing factors in the Asian community that put members at high risk for mental health problems? 2) What impact has the ASSC had on reducing these indicators? 3) To what extent has the ASSC contributed to improved quality of life among the clients? 4) How are the clients satisfied with the services of ASSC?

Findings

One of the objectives of the study was to find out the existing factors in the Asian community that put members at high risk for mental health problems. The existing risk factors are summarized as follow:

- Most clients have language barriers when they came to United States. Most of them do not speak any English. It is very difficult for them to communicate their needs and emotions.

- These clients usually do not have skills to access information and resources in the community

- Most clients experienced traumatic or unpleasant experience in the past before coming to the United States. For example, refugee lost all their properties in the process of escaping out from Indo-Chinese countries.

- The clients are incapable of getting proper jobs due to lack of language skills or specific technical skills. High expectation from family toward the young adults, became stressors and pressures, which sometimes change to triggers for people who had mental illness potential or genetic factors.

- There is a great cultural shock as they came to US in the first six months, which is most often the venerable period in developing adjustment disorder.

- For senior immigrants who came to this country at their old age, they have a hard time in making adjustment for the new environment. A lot of them developed mental illness as they get older, and children not able or unwilling to take care of them. The helpless situation and being abandoned by children accelerate their process of becoming mentally ill.

- There is limited social support network and severe isolation in the community. Most of the immigrants only interacted with their own family or relatives. They had few friends and do not know how to explore the possibility of meeting new people in their neighborhood. Lack of meaningful activities except employment or occasional family gathering. They usually do not have social activities or community involvement in their daily living.

The center brought positive impact to people who accessed services in the past ten years. In helping the Asian residents in the community to resolve their problems, the center decreased the stress level in their daily living. The center provided information to needed people and became bridges for Asian and mainstream agencies.

Mental health program provided services for clients who needed therapy and helped them to get back on their feet or had their life back after treatment. The socialization activities, naturalization classes English classes, art and craft class helped peopled who participated had opportunities to involve in the community and establish social support network. The information and education provided by the center helped new immigrants to understand their new environment and decrease the level of cultural shock in their first six months after landing. The counseling and family services helped resolve families conflicts and strengthen communication skills or channels in the process.

The ASSC has contributed greatly to improved quality of life among the clients. Client received daily structure support from different scheduled programs that were provided on weekly basis. Tai-chi class helped them gained opportunity for exercise; Health education class gave them knowledge related to their physical and mental health. Monthly field trip allowed them to change scene of view from time to time and they developed social support network during socialization activities.

According from feedback of clients who had been served by the center in the past, they expressed lots of appreciation for what they got from the programs. Some of them gave donation on monthly basis or regularly to help maintain center operation, some of them came back to work as volunteers to help other people who in need and lots of them showed their satisfaction orally or in writing.

Conclusion

The results of the interviews revealed that Asian youths and adults experienced personal, family, and social problems by virtue of their immigration status, economic stress. racism, and discrimination. For many adult immigrants, their greatest source of stress lies in the overwhelming priority placed on basic survival needs. This leaves little room for the emotional support, attention, and time needed to discipline their children and build social skills. Consequently, these immigrants experience defeats in personal competency shortly after their settlement. The attention given to basic survival needs and adjustment demands continues to erode individual life and family life just at the time when such strengths are needed the most. For example, educated immigrants are often underemployed so they can attend to the immediate basic survival tasks, i.e., a drastic difference in the social status of the jobs held in the country of origin and the host country.

In families in which parents do not speak English, children who do may be forced to accept certain adult responsibilities. This is a clear role reversal for the father in his traditional role as the source of authority in the family. Youths may lose respect for their elders because the elders are unable to assume their traditional authoritative roles or provide financial support for the family. Discrepancy between one's capacity and what one does for a living, or, between the "respectable" job one held the country of origin and what one's child may see as the "demeaning" job now held I the host country can mean a loss of control over the child. The impact of such discrepancies on the family can bring about depression, alienation, anomie, and family conflict.

The effects of immigration are also evident among the clients. New immigrants typically suffer from several different types of stress. These include language differences, cultural differences, economic hardship, and increased inter-generational tension. One stressor, relatively unique to the newly immigrated, is that of the split family. Most Asian families are split households; one member typically immigrates to the United States and is later joined by additional members. The stress of separation is especially significant within a culture in which so much of social life centers around he family, and it is a risk factor associated with alcohol and other drug abuse.

There is a strong consensus that the Center has helped to provide a strong and effective mental program. For example, a majority of the clients indicated that things were getting better in a range of areas, including personal well-being, making use of community resources, and quality of life. Community members also cited a lack of understanding of the services provided by the Center as a hindrance to the successes of ASSC. The Center has made a tremendous contribution in providing mental health services for the Asian population in the county. Many of the respondents echoed the comment that ASSC was "the only game in town" for mental health services for Asians. On the other hand, Center staff members agreed that a denial of mental health problem in the community, a lack of funding, and a failing economy was major limitations of ASSC.

Significance of the study

The findings of the study were disseminated through meetings with key decision makers of Center administrators, special program coordinators, community members, Center staff, and clients. Children and adolescent mental program is a high priority item on the Center and Asian community agenda. The evaluation has served to help the Center and the clients begin to reflect on the existing mechanisms in the process of service delivery, and to think about their roles in this collaborative and interactive process. The evaluation study also has provided a knowledge base that is being used by county-level policymakers to help determine mental health funding priorities for the coming years. The results of the evaluation greatly enrich our understanding of the component of an effective mental health program, provide useful theoretical and practical perspectives in identifying risk factors and in planning and implementing interventions. The study findings have also been of great importance to other local districts which are in the process of developing an effective and superior Asian mental health program.